## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000008651

FILED Apr 26, 2008 Secretary of State

Entity Name: DANIELS CENTER III OFFICE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

8991 DANIELS CENTER DRIVE, SUITE 103 8961 DANIELS CENTER DRIVE.

FORT MYERS, FL 33912 FORT MYERS, FL 33912

**Current Mailing Address: New Mailing Address:** 

8991 DANIELS CENTER DRIVE, SUITE 103 15880 SUMMERLIN RD. #300 - 390

FORT MYERS, FL 33912 FORT MYERS, FL 33908

FEI Number: 20-8145933 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

MCCLEARY, MARK D PEPITONE, THOMAS F 8991 DANIELS CENTER DRIVE, SUITE 103 15880 SUMMERLIN RD, #300 - 390

FORT MYERS, FL 33912 FORT MYERS, FL 33908

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: THOMAS F PEPITONE 04/26/2008

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition

MCCLEARY, MARK D OLSON, KEITH Name: Name: 8991 DANIELS CENTER DRIVE, SUITE 103 Address: 15880 SUMMERLIN RD, #300 - 390 Address:

FORT MYERS, FL 33912 FORT MYERS, FL 33908

City-St-Zip: City-St-Zip:

Title: ( ) Delete Title: (X) Change ( ) Addition MCCLEARY, JOCELYN F Name: CAUCEGLIA, JULIAN Name:

Address: 8991 DANIELS CENTER DRIVE, SUITE 103 Address: 15880 SUMMERLIN RD. #300 - 390

City-St-Zip: FORT MYERS, FL 33912 City-St-Zip: FORT MYERS, FL 33908

Title: () Delete Title: (X) Change ( ) Addition

CAUCEGLIA, IVETTE GLASE, JAMES A Name: Name:

8991 DANIELS CENTER DRIVE, SUITE 103 15880 SUMMERLIN RD, #300 - 390 Address: Address:

City-St-Zip: FORT MYERS, FL 33912 City-St-Zip: FORT MYERS, FL 33908

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS PEPITONE RΑ 04/26/2008